An Essay
on
Pneumonia

Respectfully submitted to the Faculty
of the
Homœopathic Medical College of Pennsylvania

By

Samuel J. Pearsall of New York

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Pneumonia is an inflammation of the substance of the lung. Now it is divided into three very well marked stages and consented to by all Authors I believe at the present time. It is necessary to give the morbid anatamy of these stages to understand its pathology so, I will proceed with that first. The first stage is that of congestion or engargement. Now upon examining the lung in this stage we find that it is of a reddish color and that the air cells are congested or filled with a reddish mucus or frothy serum. Its specific gravity is greater than that of a sound lung but less than that of water and therefore does not sink in water. On cutting into the lung it emits a reddish

serum and on pressure it flows out quite readily. By making pressure on the lung we find that it evacuates less than a healthy one and emits more serum than air and that it retains the impression of the finger to a greater or less degree And it has lost its elasticity to some extent. After death from other diseases we find the lung presenting somewhat a similar appearance and if it was not for a striking peculiarity we might be misled in determining between the two. But we find that the engorgement of the lung after death depends on a mechanical cause that of the gravity of the blood and therefore it is in the most depending portion. But the engorgement of inflammation

we find in every part of the lung that has been attacked by it If the inflammation continues it passes from the first stage to the second. The second is that of red hepatization from its great resemblance to liver from whence it takes its name. On making pressure on the lung we find it no longer crepitates and it has lost its elasticity and is more readily broken down under the finger. It still retains its red color and on being cut into it emits bloody serum but not spattily as in the other stage. Instead of collapsing as a healthy lung it is increased in bulk the same as any other organ is by congestion of blood or serum into its tissue. Its specific gravity now is greater than water and therefore it no longer

splenization. If the inflammation is not abated it passes into the third stage that of purulent infiltration or gray hepatization. It no longer retains the dark color but it has changed to a gray or stone color sometimes it has a mottled appearance. In cutting into the lung there appears upon the cut surface drops of a watery fluid. On pressing the finger into the substance of the lung which may be done quite readily the cavity is soon filled with pus which might be mistaken for an abscess. But abscesses have been proved to be of rare occurrence though formerly they were thought to be quite common. Gangrene is sometimes the result of acute inflammation of the lungs but very seldom. But it does now and then occur as a consequence of inflammation.

It may be known during life by the horrible odour which is the most sure sign of gangrene of the lung. Having given the morbid-anatomy of the lung during Pneumania perhaps it would be as well to speak of the frequency that it attacks one lung more than both and the different parts of the same lung. It has been found that the right is much more frequently attacked than the left and that the lower lobes more frequently than the middle ones and these more frequently than the upper lobes. According to Andral out of two hundred and ten cases of Pneumania there were one hundred and twenty one in which the right side was solely the seat of the disease; fifty-eight in which the left side; twenty-five in which

the Pneumonia was double; six in which the disease was uncertain. At this rate Pneumonia is more than twice as common to the right side as to the left. Pneumonia may be single or double that is, it may attack one or both lungs at the same time. But double Pneumonia occurs only once in about eight cases of Pneumonia. Having given the morbid anatomy and the frequency of Pneumonia has the Practitioner any means by which he can stay the inflammation and thereby stop the destruction that is taken place within the chest as it is hid from his view. He has two methods to assist him; those of Percussion and Auscultation. Taking them up in the order I have given first

that of congestion we find on per-
-cussion that the lung contains some
air but the chest is somewhat clear
but not so resonant as over a healthy
lung. On placing the ear over the
part affected with or without the
intervention of the Stethescope we
find that the sound is different
from the vesicular murmur of the
healthy lung and this sound is char-
-acterized by minute crepitation. It has
been compared to the crackling produ-
-ced by throwing fine salt on
hot embers. And Dr Williams has
compared it to the noise produced
by rubbing a lock of ones hair be-
-fore the ear. The sound proceeds from
the smallest Branchi and the air vesicles
and the sound is produced by the

bursting in quick succession of a multitude of little air-bubbles. So long as the vesicular murmur is not obscured by the minute crepitation we may infer that the inflammation has not progressed to any great extent. But on the contrary if the minute crepitation obscures the vesicular murmur the inflammation is progressing towards the second stage and if it passes to that state we shall have new phenomena presenting themselves. On placing the ear on the chest we feel it heave but we may not have any sound or there may be a new sound presented to the ear. This sound is quite different from the two sounds I have already described the vesicular respiration and the minute crepitation. It is not unlike

the sound made by blowing through a quill as a puffing sound. This new sound is made by the air passing in and out of the Bronchial tubes and therefore it is termed Branchial respiration. This sound is not heard in health and the reason is that it is obscured by the vesicular respiration. But as the lung has become consolidated it transmits sound the same as any solid and that is why we hear this sound. And still there may be another sound produced; Bronchial voice or Bronchophony. This is the voice of the patient talking down the bronchial tubes and conveyed through the lung to the ear. But the voice is not very distinct but much more so than that of the opposite lung

at a corresponding point. On percuss-
-ing we may have a slight dull
sound as it may be dull and flat
according as the lung be inaulted in
inflammation. When there is a portion
of healthy lung external to that which
is hepatized the sound on percussion
will be slightly dull but if the saied
portion is external it will be dull
and flat. If the inflammation term-
-inates by resolution we have all these
symptoms over again only in a reverse
order. The minute crepitation takes
the place of Bronchial voice and
respiration; and the flat or dull sound
by percussion is succeeded by a more
resonant one. Then succeeding these
we have the vesicular murmur by
Auscultation and the clear resonant

sound by percussion and the lung is restored to health again. But instead of terminating by resolution it may leap into the third stage that of purulent infiltration. This stage is difficult to diagnose unless the lung is broken down and a cavity formed. Then we have a gurgling sound which is produced by the air leaping into and out of the cavity. Having given the physical signs I shall go on to give the ordinary symptoms occuring in Pneumania The symptoms are usualy lassitude chilliness and shuddering with increased frequency and fullness of the pulse and in fact the symptoms of inflammatory fever with a dull and deep seated pain with oppression of the chest with cough

The cough is dry at the commencement and then it becomes more moist with the raising of mucus at first. It then changes to a yellow and afterwards to a rusty hue which is a very good characteristic sign of Pneumonia. This mucus is a jelly-like and trembling mass; and of such viscidity that the vessel containing it may be turned upside down and strongly shaken without it being detached from its bottom or sides. But this mucus is not always present for it it does not occur in very young children or in old people The decubitus is generally on the affected side or back for the reason that it lessens the dyspnoea and pain. If the patient lie on

the affected side he feels pain or uneasiness but if on the well side the dyspnoea is increased by obstructing the movements of the chest
The average time that it takes Pneumonia to run its course is from seven to twelve days but it may last two or three week when it take on the typhoid form.
The causes of Pneumonia are numerous.
The most usual causes are undue exposure to intense cold or a sudden suppression of perspiration; noxious gases; epidemic influences and repelled eruptions. It is more prevalent in temperate and cold latitudes and in the winter and spring months.
It attacks the male more frequently than the female on account of

the greates exposure of the former.

Therapeutics. The remedies that are used in the treatment of Pneumonia are Aconite, Belladonna, Bryonia, Tartar emetic, Phosphorus, Ipecacuanha, Sambucus, Sulphur, Lachesis, Rhus-tox, Arsenicum, Mercurius, Phosphoric acid and Arnica

In the first stage of the disease when the symptoms indicate that there is considerable inflammatory fever as hot and dry skin; great thirst; rapid, hard and full pulse; scanty and high colored urine Aconite and Belladonna may be given in alternation until the inflammatory symptoms subside. Sometimes these remedies are sufficient to cure the

disease. But if they fail to cure they pave the way for more efficient remedies such as Bryonia Phosphorus and Tartar-emetic

Bryonia may be given after aconanet Bell or it may be prescribed from the commencement when the following symptoms present themselves; such as cough with expectoration of a tenacious mucus of a brick dust color; with oppression of the chest; shooting and darting pains through the chest which are increased by movement. And when the patient is troubled with costiveness of the bowels, foul tongue and other gastric derangements. Also when it is complicated with Pleurisy indicated by increased

dullness on percussion and in some instances Bronchial respiration and Bronchophony.

When Aconite and Bryonia have failed of effecting acure Phosphorus may be given with great success when the third stage has set in with great prostration; livid or hippocratic countenance, sunken eyes, cold and livid sweats, tremulus and feeble pulse, dry and dark lips and tongue difficult expectoration of a brown or rust color, extreme anguish, delirium, sense of suffocation and involuntary stools. In typhoid Pneumonia with rhus-tox it is often of great service where hepatization has occured and the symptoms point to the third stage. Dr Fleischmann has used

it successfully in all stages of
lung fever

When we have the skin cold and
covered with a clammy sweat and
a considerable expectoration of a yellow
or brownish mucus mixed with blood;
pulse small soft and frequent; tongue
covered with a dry and dark fur with
gastric and billious symptoms or a
yellow tinge of the skin; bitter taste,
nausea and vomiting; yellow and dark
urine; headache and general sensation
of lassitude and debility start-emetic
will be the remedy

Sulphur is an important remedy in
certain protracted cases of Pneumania
occurring in Scrie or Scrapulus subjects
which threatens to end in Phthisis.
Also in chronic cases which seem to

have come to a fixed point neither improving nor getting worse we should think of sulphur.
Mercurius is indicated when the fever has been lowered by the use of aconite but pain and difficulty of breathing remains or copious nocturnal sweats have reduced the patient and there is a quick and feeble pulse.
When the patient has been reduced to extreme prostration by the disease; with very short breath on the least exertion; dark dry tongue and lips; extreme anguish; stitches in the side; great thirst; diarrhea; ringing and buzzing in the ears Arsenicum should be administered.
Pulmonary inflammations from traumatic

causes Arnica will be applicable. and
acon if there is much fever.
If Pneumonia threatens to run into
gangrene which will be known by
the fetid, greenish or dark expectoration
we must look to Arsenicum Carb-
-veg China and Lachesis.

We generally select one of the low
attenuations and repeat the dose once
in two three or four hours until a
marked impression is produced
upon the symptoms.